

Participatory Sense-Making in Therapeutic Interventions

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Abstract

Given the holistic and phenomenological character of Gestalt therapy, the body has a primordial role in enhancing the *here and now* experience of the client. In order to examine the role of embodiment in therapeutic interventions more closely, this article applies Merleau-Ponty's phenomenology of corporeality and its development in the embodied and enactive cognitive sciences to the study of therapeutic interventions. Taking Merleau-Ponty's theory of *Fundierung* as starting point, the article describes the enactive idea of sense-making as the movement from prereflective to reflective consciousness, a movement that is driven by the primordial valence of affectivity and e-motion. As a process of *participatory sense-making*, mutual regulation between therapist and client can happen at different levels of consciousness. Here, in addition to the well-known declarative (reflective level) and resonance-based (prereflective level) interventions, I will focus on interventions that operate between levels which constitute a genuine modality of embodied therapeutic interventions. I introduce the notion of *cross-salience* as the prefigurative participation of the therapist's reflective consciousness in the client's sense-making process. I will illustrate this idea by the analysis of an intervention extracted from Fritz Perls' work *Gestalt Therapy Verbatim*.

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Introduction

Phenomenology is one of the core elements in humanistic/existential approaches to psychotherapy, especially in Gestalt therapy, both at theoretical and methodological level (Bloom, 2009; Crocker, 2017; Müller-Granzotto & Müller-Granzotto, 2009; Yontef, 1979). Examining and enhancing individual experience of clients and shared and collective experience of the therapeutic dyad is one of the driving forces of therapeutic interventions. Responding to the integrative character of humanistic approaches, not only the dialogue but also the body should be considered to have a primary role in therapeutic interventions since it mediates the contact between client and therapist. Although there is no evidence that any of the founders of Gestalt therapy studied the phenomenology of Merleau-Ponty, there are plenty of resonances with his phenomenology of the body in contemporary Gestalt theory. Many theorists have pointed to the influence of Merleau-Ponty's intercorporeality and intersubjectivity in the relational approach to Gestalt therapy (Beja, 2016; Farrands, 2010; McConville, 2014), but a more thorough analysis of how intercorporeality operates in the therapeutic dyad is missing in the literature.

The aim of this work is to apply the phenomenological analysis of intersubjectivity and intercorporeality to therapeutic interventions. Thus, I focus on the "in-between" in embodied interpersonal interactions. By tracking the traditional phenomenological literature and its influence in current embodied cognitive science, in this article, I describe and articulate classical concepts such as prereflective intentionality, affect, and intersubjectivity in order to provide an embodied theoretical model of how clients and therapists participate in each other's process of getting into consciousness. In this way, I embed the gestaltic concept of *contacting* (i.e., the meeting with another person or with the world; Perls et al., 1951) in a more general framework of phenomenological tradition. At the same time, I elucidate to what extent and in what sense we can talk about an intersubjective and embodied approach to Gestalt therapy.

The analysis will be grounded on Merleau-Ponty's theory of *Fundierung* (Section 2) that describes the relation between prereflective and reflective intentionalities, as it is shown in his canonical work *Phenomenology of Perception* (Merleau-Ponty, 1945/2012). Furthermore, in Sections 3 and 4, I will describe how this theory has been extended by Francisco Varela's neurophenomenology of time and affect (Varela, 1999; Varela & Depraz, 2005)

and the subsequent enactivist account of social interactions as *participatory sense-making* (De Jaegher & Di Paolo, 2007). In Section 5, I will explain how from this theoretical background, we can classify different modes of embodied therapeutic interventions. As the main contribution, I will also introduce the notion of *cross-salience* as a mode of intervention that aims to enhance the prereflective intentionality of the client and to unfold their experience. As an example, in Section 6, I will analyze a piece of the work *Gestalt Therapy Verbatim* of Fritz Perls (1972) in order to illustrate the different modes of intervention and *participatory sense-making* in therapeutic contexts. By this, I aim to integrate contemporary insights on embodied phenomenology and cognition into the relational Gestalt therapy theory.

Embodiment and Intersubjectivity in Merleau-Ponty

Merleau-Ponty's (1945/2012) philosophy aims to perform an incarnated phenomenological analysis in order to disentangle the embodied structure of consciousness. The body for Merleau-Ponty is not an entity among entities, but provides access to every entity of the world, that is, it gives access to external objects. Thus, being the condition of possibility of every subjective experience, the body becomes a constitutive principle of consciousness. Here, we should understand the body not as an objective body, but as a lived body, that is, a body as it is experienced from the first-person point of view.

The main contribution of Merleau-Ponty's theory is to recognize that not every intentionality is a reflective intentionality of a thinking *ego*, but there is a prereflective and immediate intentionality anchored to our corporeality that sets the foundation¹ for every reflective consciousness. The distinction between body schema and body image relies on this distinction between reflective and prereflective intentionalities (Gallagher & Zahavi, 2013, p. 145). While body image corresponds to a reflective representation of our own body, as in mentalizing, imaginary, or visualization practices, in body schema the body is felt prereflectively. Body schema comprises two aspects: proprioception, that is, the immediate consciousness of the body, and the regulation of posture and movement which also regulates intentional actions. Although these two ways of being aware of the body operate simultaneously, distinguishing them is crucial to understand different modalities of therapeutic interventions on the body. In this section, following Merleau-Ponty's stress on the prereflective consciousness, I will focus on the features of body-schematic processes.

Prereflective consciousness is characterized by not having a determined content, which implies that it is not consciousness of a concrete *thing*, and it has not a linguistic structure either (Hutto & Myin, 2012). However, the corporeal and prereflective intentionality responds to the solicitations of the environment in terms of bodily posture, movement quality, rhythm, and so on. Moreover, the lived body defines the environment (Von Uexkull's [2001] idea of *Umwelt*) in terms of affordances, that is, the range of possibilities available that determine the field of meaningful situations and circumstances for action (Hirose, 2002). In perception and action, however, the body hides behind the intentional object. This means that the content of intentional acts are the objects in the world, not the body. For instance, in opening a door, my consciousness is on the handle, not on the movement itself. Nevertheless, this does not imply that movements are simply mechanical, nonvoluntary or unconscious, but rather, they belong to the prereflective and immediate intentionality.

Prereflective consciousness is thus particularly evident in bodily movements, which operate through the coupling between perception and action, namely, "the intentional arc" (Dreyfus, 2002). To move the body is to point toward things in the world, by letting the body respond to the solicitations of the environment. This structural coupling between the organism and its environment takes place without appealing to any mental representation. Imagine, for instance, how movements are learnt: instead of drawing on theoretical or declarative instructions, movements and bodily skills are acquired by a bodily understanding that is primarily pragmatic. This primarily pragmatic character of consciousness was already pointed by Heidegger (1962, p. 98) in his formulation that the world is *ready to hand*² for us. Hence, consciousness is not originally a declarative "I think that," but a pragmatic "I can."

Building on the pragmatism of the body, for Merleau-Ponty, prereflective consciousness is also primarily affective. This affective turn in Merleau-Ponty's phenomenology implies building an epistemology that is founded in the emotional structure of perception. The world thus is what is relevant and meaningful for the subject, being the primary relation with the environment and others one of commitment and participation. Hence, there is no transformation or modification between what the body expresses externally by means of bodily gestures and movements, and what is felt internally. In this way, mental and affective states of others are neither completely transparent nor completely opaque (Gallagher, 2008).

The double character of affectivity, internal and external, is the basis for dialectic tension of being open to others, that is, of being exposed to the possibility of being an object for the other. As Jessica Benjamin

(1988/2013) would say, this dialectics of “lord and slave” entails the drama of intersubjectivity. Nevertheless, as we will see below, the openness to the other does not only imply the risk of objectification and death but also the possibility of significant participation of the other in one’s own subjectivity, that is, the possibility of a genuine interpersonal contact and joint action. In Hölderlin’s (1804/1998) words, “but where the danger is, also grows the saving power.”

In summary, Merleau-Ponty’s thought puts forward a mode of consciousness that is no longer mentalist by principle as the cartesian thinking *ego* was, but it is based in the active, affective and incarnated participation in the world. Consciousness is bi-intentional, reflective and prereflective, and it is anchored in the body and the environment the subject is situated in.

Enactivism: Sense-Making, Affect, and Salience

While Merleau-Ponty provides a synchronic description of the embodied structure of consciousness, which invites to attend to body-schematic processes, latter philosophers will extend his theory to develop a diachronic and genetic perspective on consciousness.³ This diachronic view departs from the structure of consciousness towards its dynamics, and focuses on the process by which the world gets to consciousness in a meaningful way, i.e., the enactive concept of sense-making. Understanding consciousness not only in its structure but also in its dynamics will contribute to distinguish more accurately the process triggered by different types of therapeutic interventions.

Enactivism is a branch of embodied cognition theories that, drawing on the insights from Merleau Ponty’s phenomenology of embodiment, aims to bridge the gap of the mind–body dualism by providing a naturalized account of consciousness (Varela et al., 1993/2017). Enactive cognition theories define mental life as sense-making, which refers to the process of sedimentation/precipitation of experience in consciousness. Sense-making, thus, is a process of getting into consciousness. The difference between mental states and sense-making is analogous to the *Gestalt* and *Gestaltung* distinction, in which the former refers to the static conformation and shape of conscious experience while the latter refers to the process by which those forms are brought about. In the phenomenological tradition, sense-making is the process from which a figure/ground scheme emerges in consciousness. In order to introduce this temporal aspect of sense-making, Francisco Varela, who is considered a pioneer of the enactive approach, explored the relation between temporality and affectivity of the lived body (Varela & Depraz, 2005).

Drawing on Husserl's subjective temporality, Varela (1999; Varela & Depraz, 2005) describes the trifold structure of the time present: the present encompasses not only the actual present but also the openness to what is becoming, named "protention", and "retention" of the just lived present.⁴ The authors described how affectivity is intrinsic to the experience of temporality and manifests itself in the primordial asymmetry between protention and retention. From this viewpoint, affectivity is what configures the protentive field, being the condition of possibility for what is becoming. It plays a crucial role in modulating the conscious flow, leading its folds and unfolds so as it paves the way for the constitution of objects and acts of consciousness.

Recalling the prereflective/reflective distinction, the move from the former to the later implies a folding/unfolding movement. This movement manifests as "salience," that is, the emergence of prefigurative contours that already possess certain fundamental orientation and eventually give rise to a concrete configuration or a fulfilled Gestalt (Koffka, 2013; Köhler, 1967). Affectivity, in turn, is understood as the dynamic polarity of attraction–repulsion that drives salience, just like the *Id* function of Gestalt therapy (Perls et al., 1951, p. 371). Emotions thus do not merely accompany conscious states, but are immanent and constitutive of every conscious act or mental state insofar as their valence prefigures the configuration of forms in consciousness.

According to Varela and the enactivist tradition, however, affectivity not only modulates the perceptual field, but this polarity or tension of affectivity is what actually moves the organism. Since bodily movement manifests in itself the affective force, we can talk about affectivity as the predisposition to action, also named as *e-motion*. Affectivity and movement, thus, co-emerge and co-determine each other.⁵ As an illustration, we can see in the primary affective polarity of going/coming, approaching/distancing, contacting/withdrawing, and so on in movement. Ruella Frank, for instance, has very aptly described the development of the e-motive sensorimotor schemes and how they lay the basis for the development of relational patterns in early life (Frank & La Barre, 2011).

Sense-making thus happens in three conceptually distinguishable phases: First, a tendency to move results from a tension in the primordial affective polarity. Then, the tendency manifests as the emergence of a salience in reflective consciousness. Finally, the actuality of movement elicits the sedimentation and precipitation of a certain Gestalt—figure/ground configuration—in the reflective consciousness. Notice that these phases do not always happen sequentially, but they can be simultaneous.

Overall, the genetic analysis of experience revises the positivist/mentalist paradigm of cognition, for which perception is elicited by means of primitive

sense data in a passive way that are latter organized by the reflective action of the intellect. For phenomenology, on the contrary, affectivity has a primordial active dimension—a predisposition for action (Colombetti, 2014). There are no objective sense data independent from the inner tendency of the organism, which implies that perception also has an intrinsic affective and active dimension. This approach, thus, challenges the traditional stimulus/cognition/action schema.

In the therapeutic context, the concept of sense-making allows to understand Perls' notion of the therapeutic work as the construction of a clear and defined Gestalt (Perls et al., 1951, p. 237). The idea behind this is that a Gestalt is not only a perceptual state, but it also entails certain predispositions to action. This is why the formation of a clear Gestalt is by itself healing. It is not the case that clients grasp the solution to a given problem, nor that they perceive the situation through a different lens, but they situate themselves in a concrete and adaptive orientation toward the world. The ability to cope with changes in environment and to reorient oneself has to do with the creative adjustment that we pursue in therapeutic processes (Zinker, 1977). Notwithstanding, this does not mean that experience becomes ready to action after bringing it into the linguistic domain (Vanaerschot, 1997). On the contrary, not every experience needs to reach the linguistic domain to contribute to the therapeutic change. Indeed, sometimes the therapeutic change consists in incorporating implicit operational abilities that are adaptively adjusted to the present situation (Lyons-Ruth et al., 1998).

Summarizing, we can understand the sense-making process as the movement from the prereflective to reflective consciousness. According to phenomenology and enactivism, this movement is primarily driven by affectivity, understood as predisposition to action. At this point, some questions emerge: how does sense-making operate in dyadic interactions and, particularly, in therapeutic relationships? How does the interaction with another subject modulate our sense-making process? And what is the role of empathy in the emergence of the Gestalt?

Intersubjectivity as Participatory Sense-Making

From the enactive approach, the therapeutic setting can be seen as a dyadic system in which client and therapist modulate each other at, both, reflective and prereflective levels (see Figure 1). As such, the therapeutic encounter can be considered a particular case of social cognition. According to the enactive theory, social interaction can be enabling and sometimes even constitutive of social cognition (De Jaegher et al., 2010; De Jaegher et al., 2017). This implies that in describing clinical empathy and interventions, we should

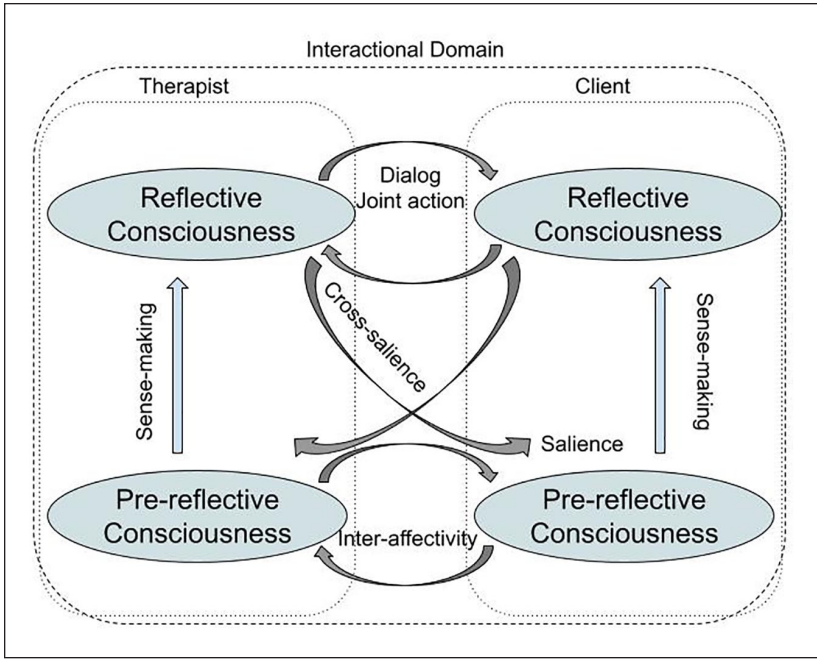


Figure 1. Movements of participatory sense-making in therapeutic relationships. Note. Two levels of consciousness (prereflective and reflective) of two people interacting (therapist and client) influence each other's sense-making in different ways (horizontal/vertical/diagonal arrows).

focus on the interactive process between therapist and client as a process that is extended in time and follows its own dynamics.

In the cognitivist approach, where only reflective consciousness is taken into account, mental and emotional states are considered as individual and opaque, and empathy is usually described as simulation and representation of the other's states⁶. However, the phenomenological and enactive approach, by focusing on prereflective and schematic processes, consider affectivity as the counterpart of bodily movement, being its condition of possibility and co-extensive with it. In this way, we can perceive intentions and emotions of others immediately through their bodily expression insofar as we act in a shared and meaningful context, that is, in a unified relational field (Day, 2016; Parlett & Lee, 2005).

In this regard, phenomenological psychiatrist Thomas Fuchs (2017) describes how empathy, in an embodied sense, is linked to bodily resonance or intercorporeality in the interactions with others. This prereflective modulation

manifests in coordination patterns with others, such as synchronization, pitch modulation, gaze, rhythm and so on. Indeed, several empirical studies show the relation between bodily coordination and the outcome of therapeutic interventions (Kleinbub, 2017; Tschacher et al., 2014). Sensorimotor coordination is modulated moment by moment, giving rise to an implicit and intuitive empathic contact that lays the ground of the therapeutic alliance. This phenomenon is called *interaffectivity* (Fuchs, 2016) and indicates the affective resonance that operates in the relational field, giving rise to dyadic affective states that modulate the mutual adjustment in interaction.

In vein with Varela's analysis, the concept of interaffectivity reflects the idea that affectivity is not located only within the individual, but it operates in the intercorporeal space, in the interaction between two or more people. Since affectivity's primary polarity of attraction–repulsion has already a directional force from the center of the subject outward, we can say that it is directed toward alterity. This trademark of affectivity of being traversed by alterity, constitutes the aperture where the primary intersubjectivity permeates (Candiotta, 2016; Daly, 2016).

Notice that according to the enactive premises, intersubjectivity does not encompass an abstract and generic alterity, but a concrete and particular other that is involved in the dyadic interaction. Just like the enactive subject is a situated, material and concrete subject, so is alterity. Here, alterity becomes the concrete other that is interacting with the person. Hence, intersubjectivity is not located in the individual psyche, but plays out in the concrete and situated interpersonal space in which a genuine *contact* becomes possible. Intersubjectivity is interpersonal and interactive what means that intersubjectivity exists insofar as it is activated or enacted between concrete subjects.

Sense-making, thus, is jointly created in the interactive process. Both participants are actively involved and modulate each other's experience in a process called *participatory sense-making* (De Jaegher & Di Paolo, 2007). In its dynamic aspect, participatory sense-making encompasses synchronization, sensorimotor coordination, postural covariation, and vocal and bodily expressions. Moreover, this interaction between subjects can occasionally acquire certain autonomy (De Jaegher & Di Paolo, 2007), which means that a new intersubjective domain emerges that is not reducible to activities of individual participants. Participants co-constitute the interaction, while the interaction can modify participants in turn. Phenomenologically, participatory sense-making is experienced as *mutual incorporation*, that is, the assembly of the corporeality of the other as an extension of our own bodily experience (Fuchs & De Jaegher, 2009).

From this point of view, clinical empathy does not take a declarative form of “what they think/feel” but rather it is an implicit operational knowledge in

the form of “how to respond to.” Eye movement is a clear example. I do not need the declarative knowledge that an up-left gaze is related with retrieval of visual memory, but in perceiving this behavior, I do feel the absence of the other from the present situation and I know how to respond accordingly. Such sensorimotor abilities emerge in the relational domain and are incorporated to the repertoire of the therapist–client dyad. Indeed, the therapeutic work can be seen as the incorporation of new operational abilities in response to a changing environment that flexibilizes the relational habits of the client reorganizing their existing patterns and fixations (Lyons-Ruth et al., 1998; Stern et al., 1998). In this sense, the therapeutic change is a prolongation of the developmental process by which the client acquires new relational capacities in interaction with the therapist, relational abilities that can then be generalized to other contexts.

Cross-Salience

As stated in the previous section, the dyadic adjustment at prereflective level, i.e., the interaffective resonance, modulates and determines individual reflective conscious states. At the same time, the reflective dialogue between therapist and client can also give rise to new insights in the client. Although these horizontal modulations (see Figure 1, horizontal arrows) have been extensively described in the phenomenological literature (Fuchs, 2016; Fuchs & Koch, 2014; Mehmel, 2019; Plant, 2018), the diagonal modulations have not been thoroughly analyzed and described (see Figure 1, diagonal arrows). Not only prereflective and reflective modulations operate in dyadic relationships, but both levels are intertwined in interactions. A more fine-grained description of the role diagonal interactions play in therapeutic relationships will be useful to complete the picture and to highlight new forms of participatory sense-making in the clinical context. In what follows, I will define the diagonal interventions as *cross-salience* and I will describe their functioning particularly in Gestalt therapy interventions.⁷

In Gestalt therapy, interventions pointing to bodily expressions of the client are commonly used. Gestures such as rubbing hands, caressing legs or shaking feet can be used as ways to unfold the experience of the client and to reach a meaningful insight, that is, a clear and defined Gestalt in reflective consciousness. Not only does affective resonance modulate the participatory sense-making process as a bottom-up regulation, but the reflective consciousness of the therapist can also elicit or modulate the sense-making process in a nondeclarative way.

As an illustration, imagine an excited and agitated client. The therapist can respond to the bodily expression of the client in three main ways:

- A. In a declarative way. “You are nervous, why?”
- B. By means of the bodily resonance; That is, breathing in a calmly to slow down the client’s rhythm.
- C. Reflecting what is obvious. “I am aware that your foot is trembling, what does it mean to you?”

While A operates at the reflective level and B at the prereflective level, C operates at the level of the prereflective-becoming-reflective. Let’s name this latter operation (C type) a “cross-salience.” By addressing what is obvious, the therapist indicates where to put the focus of the client’s attention, that is to say, that the therapist highlights certain outlines from the background that can be useful for the client to form a unified and coherent Gestalt. Notice that the therapist’s indication in a C type intervention does not presuppose a concrete reflective state as an A type does. On the contrary, it points to something that is nondeclarative and nonreflective, but still relevant to unfold the experience of the client.

Both intentionalities operate at the same time in the therapeutic relationship. Reflective intentionality individuates the conscious intention of the client, whereas prereflective intentionality is the one manifested by the corporeality in interaction. Prereflective intentionality, remember, has no concrete content yet. Consequently, given that prereflective intentionality is always richer in possibilities and potentialities than reflective intentionality, the performance of the therapist points to the realm of potentiality. Therapists operate over virtuality, which implies that they must adopt a transitory and hypothetical attitude. In other words, as a therapist, I can have a feeling of the wide range of possibilities of the bodily intentionality (which may or may not be consistent with verbally expressed intention) but it can be the case that none of these feelings is an actuality for the client. Hence, my feeling of what is salient in the bodily intentionality of the client, is operating on the virtuality of the client’s experience. It can even be that reflective intentions of the client are individuated retroactively by the force of the interaction and are manifested before in the reflective consciousness of the therapist (or vice versa; Di Paolo, 2015). For instance, imagine that a client looks at the clock during a session and the therapist says, “Is it enough for today?” The client can respond, “I was not aiming that, but now that you said it, yes, I wanted to stop.”

One could think that cross-salience entails some kind of objectivity of obviousness. However, what is obvious is fundamentally phenomenological

and emerges from the interactive history. The salience manifested by the therapist can also emerge from their prereflective resonance with the client. Is in this regard that the therapist must be trained to identify their own affective and bodily states in order to be present in the interaction and disposed toward the client in an attitude of openness to co-construction.

Cross-salience, thus, is never determinant. The client may or may not converge with the therapist's particular salience, and may or may not incorporate it into their process of sense-making. Cross-salience is, thus, an open and non-conclusive operation that does not individuate the experience of the client, but rather, it leads the relational dynamics in a certain direction and modulates the range of possibilities in the experience of the client. As a result, cross-salience has a hypothetical and transitory character. Even if the therapist points to a possible path for the interaction, they do not know the final destination, just like a weathercock that indicates the direction of the wind moment by moment.

The therapeutic process is a process of constant resignification. A gesture or a movement quality can convey many meanings (Frank, 2013). Given that prereflective phenomena are richer in potentialities than reflective ones, it may be the case that no precise prereflective state is present in the client before engaging in a participatory sense-making process. Instead, a wide range of potentialities become individuated in interaction. These meanings are established in interaction, a process which can sometimes acquire a certain autonomy on its own.⁸ This is why our acts are, to a certain extent, dependent on how they are read by others, and they are always embedded within emergent relational dynamics that are (sometimes, partly) independent of the individual intentions.

In this sense, empathy is constituted only when the other perceives it as such (Bohart & Greenberg, 1997). The same behavior can be perceived, as an act of condescension, as indulgence or as empathetic, for instance. An empathic act, thus, requires the complementarity of two partial acts as well as the mutual co-regulation between them (Di Paolo et al., 2018). It is in this sense that empathy, when it is originated in the prereflective resonance, can have a therapeutic effect as facilitator and enhancer of the sense-making process of the client. What matters in the therapeutic alliance is the synergy between the cross-salience at the relational domain and the unfolding of the sense-making of the client. In this way, empathy has to do with the fact that the therapist is co-author of the experience of the client in a nontrivial sense, that is, not only in a contextual or enabling way, but in a constitutive way (De Jaegher et al., 2010). This participative movement is also the foundation of the "we-experience" which sometimes emerges in therapeutic processes (Jensen et al., 2019).

The therapeutic intervention, thus, permeates the level of temporality of the client as it constitutes the condition of possibility for sense-making. Since affectivity is what opens and closes the dynamic landscape and precipitates protention, the therapeutic interaction and empathic resonance push participants to open themselves to the phenomenological present. This is why bringing the client to their bodily and prereflective awareness also implies to bring them to the “here and now,” the phenomenological present that opens up the possibility of novelty. This idea of the phenomenological presence has already been described as the *fertile void* in Gestalt therapy or as *lichtung* in Heideggerian philosophy (Heidegger, 1962), and refers to the phenomenological–existential openness and clearing that allows things be brought into presence. In this sense, coming to the phenomenological present is by itself a *momentum* of the therapeutic change.

As a final remark, humanistic therapeutic schools, such as Gestalt therapy, aim to empower clients as agents of their own personal development and to learn to trust in their self-healing capacity. These schools deny the directive model of therapy that sees the therapist as having a privileged knowledge, whereas the client is needy and deficient. Humanistic schools, instead, support an egalitarian view on clients and therapists. Nevertheless, we should not confuse this predisposition for the client with the full acceptance promoted by the person-centered approach (Rogers, 2000). Sometimes, cross-salience types of interventions can be very confrontative, in the sense that they can show incongruities between what is said by the client and what they express at the prereflective level.

Even if contemporary relational approaches stress the co-regulation and co-construction of the therapeutic dynamics, it is important to keep an eye on the asymmetry of therapeutic relationships. This structural asymmetry emerges in the participatory sense-making process insofar as the attention of the therapist is polarized toward the client. Generally, while therapist and client pass through horizontal interactions both reflective and prereflective ones (A and B types), cross-salience is usually (but not exclusively) unidirectional, from the therapist to the client and not vice-versa. Although, this structural asymmetry is analogous to the one in caregiver/child, teacher/pupil, and most care relationships, we should keep in mind that these asymmetries are not pre-given, but they are co-constructed through the interaction. From this view, power dynamics that emerge in therapeutic encounters, would also be transitory, hypothetical, and reversible. Future research on embodied interactions might extend the explanations of how these power dynamics emerge in therapeutic relationships, but such a discussion falls beyond the scope of the present article.

A Case Study

In order to provide a clearer picture of different therapeutic interventions on the body, I will analyze a concrete therapeutic process. This is a piece of the work *Gestalt Therapy Verbatim* (Perls, 1972) in which Fritz Perls works with a client while being observed by a training group. The therapist works individually with the client while sometimes addresses students to give them some remarks on the ongoing intervention.

Jim: I have just a fragment of a dream. There's no voices in the dream.

Fritz: Now, the first look is that Jim is open in his undercarriage, but closed up here—he is covering his genitals with his hands. So this is the first thing I see. Now, this is very important, which part is closed up, whether the total personality, or the lower or the upper carriage. The lower carriage is mostly for support, and the upper carriage for contact. This is how we stand up on our own feet, and this is where we reach toward the world, with our hands. So I see already a lot just by Jim sitting there: his posture, the way he moves his head, and so on and so on.

J: You already have me pretty well shook up. (laughter) This has nothing to do with my dream, but that's a heck of a comment to make, because—

F: You see the lack of ambidexterity in his gestures? He uses only the right hand and it always points to himself; he is relating himself to himself. That's what Kierkegaard said in the beginning—the relation of the self to the self. If you live like this, how much can you achieve?

J: I'm afraid to move.

F: That is exactly what I wanted to point out. (laughter)

J: Now I know why my dreams are short.

F: Would you enlighten me? I don't know why your dreams are short.

J: I just have the typical recurring dream which I think a lot of people might have if they have a background problem, and it isn't of anything that I think I can act out. It's the distant wheel—I'm not sure what type it is—it's coming towards me, and ever-increasing in size, always increasing in size. And then finally, it's just above me and it's no height that I can determine, it's so high. And that's—[. . .]

F: Notice how much of your unsureness has left you? How much you have already re-owned from the projection of the wheel?

J: Yeah. I think I—as large as it is, right now, I think I'd do whatever I could. In other words, I've always had the feeling that—^what could I do?—but now I know at least I'd do whatever I could—to stop the wheel. . . . And, ah—on this thing here, I'm sterile, and that entered into

my marriage—that's the very thing I was ashamed of, and you know you said I covered my genitals.

F: The big wheel. Yah?

End of session

(Perls, 1972, p. 126-129)

In this fragment, Perls' intervention consists mainly on showing what is evident in Jim's bodily posture by reflecting what is salient in his bodily disposition. Partially, this salience is interpreted by the therapist in the sense that he fills the client's experience with a concrete declarative content; for example, utterances such as "The lower carriage is mostly for support, and the upper carriage for contact." This intervention would be of the dialogic kind (A type in the previous classification). Initially, this interpretation is rejected by the client: "This has nothing to do with my dream, but that's a heck of a comment to make, because . . ." The therapist, in response, changes the focus to another dimension of the corporeality of the client his lack of ambidexterity and constant self-reference in his movements (C type intervention, cross-salience). Here, phenomenological flexibility and the absence of fixation of the therapist are necessary conditions for contacting with the ongoing experience of the client. This constant reference to the body, in turn, brings the client to the phenomenological present. Instead of talking about his dream, the client focuses on the *here and now* of his bodily experience. For instance, "I'm afraid to move." And from this bodily awareness, the dream of the client makes sense: "Now I know why my dreams are short." At this point, a Gestalt has emerged, a meaningful understanding that is not merely mentalistic or rational, but emerges from the prereflective experience of the *here and now* of the client with the therapist being a coauthor of this experience.

There are also prereflective modulations (B type interventions), that is, regulations of interaffectivity. This is evident in the use of laughter to release the tension of high-intensity moments: "You already have me pretty well shook up (laughter)." These regulatory acts are used to synchronize the affective states of client and therapist while they maintain an adequate level of tension for the therapeutic work.

After a while of dialogue about the dream (A type intervention), the sense-making process goes back to the initial salience, the client's posture of covering his genitals, which now becomes meaningful and coherent in relation with his marital issues, the feeling of general impotence, and sterility. This episode evidences that corporeality contains the richness of potentialities in prereflective consciousness that emerges along with bodily expression. The return to the initial thematic shows also the lack of linearity of therapeutic processes, which do not follow a consecutive temporal line of awareness, but

the experience of the client unfolds as a prism, generating many thematic lines that coexist in the corporeality of the client. This means that, since there is no correct and objective answer to what is happening to the client in a given moment, therapists' interpretations are always possibilities that need to be corroborated by the client. Here resides the core of relational therapies.

In this fragment, we could say that the confrontative and frustrating style of Perls contrasts with the traditional idea of clinical empathy as a precondition for the success of an intervention. From this process, we can deduce that there is no empathy or alliance that is prior to interaction and predicts whether an intervention will be successful, but rather, the empathic act occurs, on the one side, in the interaffective coregulation, and on the other, in the synergy between the salience of the therapist with the sense-making process of the client. For example, "That is exactly what I wanted to point out. (laughter)."

Conclusion

This article proposes a model of interaction between client and therapist that builds on Merleau-Ponty's phenomenological analysis of embodiment and its subsequent development in the enactive theory. According to this model, sense-making is understood as a movement from prereflective to reflective consciousness that has different steps. From the primordial valence of affect emerges a salience, that is, a prefigurative contour in reflective consciousness that will, eventually, give rise to a figure-ground conformation (Gestalt) in reflective consciousness.

In applying the schema of participatory sense-making to dyadic therapeutic relationships different levels of mutual regulation can be identified that give rise to different types of therapeutic interventions. At the prereflective level, the mutual affective regulation, i.e., interaffectivity, takes place whereas the main regulatory mechanism at the reflective level is of a declarative type. Cross-salience, instead, operates as emerging in the reflective consciousness of the therapist and directed towards generating a salience in the sense-making process of the client. This type of intervention is transitory, hypothetical, and it is directed to enhance the embodied experience of the client. The dyadic relational model presented in this work thus provides a map that is useful to clarify different types of interventions in relation to corporality in therapeutic contexts, being particularly helpful for supervision sessions and training, specially in deepening the therapeutic alliance.

As a final remark, it is worth mentioning that several therapeutic schools use cross-salience-based interventions on the body. For instance, a commonly used intervention in Feldenkrais' (1972) method consists in the repetition and enhancement of a concrete movement to achieve a meaningful understanding

of the bodily experience of the client. Nonetheless, an extended explanation of how these types of interventions operate in the therapeutic dyad would be useful to integrate different methodologies and approaches to the body.

Moreover, many of these methods work explicitly (and more or less exclusively) on the body. In choosing a piece of Gestalt therapy, which, despite its integrative character, is primarily dialogic, I aim to show that this prereflective communication channel operates in psychotherapy at the generic level, whether explicitly or implicitly. Indeed, by focusing on a therapeutic intervention that works on dreams, which have traditionally been understood as purely mental activity, I aim to overcome the idea that the embodied approach can only be ascribed to low-level, bodily related, and basic cognitive processes (de Bruin & de Haan, 2009). This phenomenological work on self-embodiment is not only appropriate for body therapies but also for dialogue-based approaches could be extended to problem-solving or cognitive-behavioral psychotherapies.

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Notes

1. See the notion of *Fundierung* in Merleau-Ponty (1945/2012, p. 414), and represented in Figure 1.
2. The German distinction between *Zuhanden* and *Vorhanden*.
3. For a distinction between ontological, genetic, and genealogical phenomenological analysis see Thompson, 2010.
4. Protention is a structure of experience that is fundamentally different from memory, which constitutes a different kind of mental act that takes place in the phenomenological present.
5. This is a fundamental contribution that captures the enactivist thinking “we make the path by walking” (Di Paolo, 2013).

6. For a further description of different mentalist approaches and an introduction to the social cognition debate see Gangopadhyay, 2014.
7. It is worth mentioning that these types of interventions are not specific to Gestalt therapy, but they can be used by different therapeutic schools. However, to pinpoint the phenomenon, I focus on Gestalt therapy, where these type of interventions are commonly recognized in its methodology.
8. The relational autonomy can even be in tension with individual intentions (De Jaegher & Di Paolo, 2007). As examples of these tensions, see the Drama Triangle (Karpman, 1968) or the fixation of helping/assistance relationships.

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